



## EARLY INTERVENTION AUTISM SPECIALTY SERVICES DPH BILLING REQUIREMENTS & GUIDANCE

### DEFINITIONS

*EI Child Eligible for Autism Specialty Services:* An IFSP child who has received one of the following confirmed diagnosis on the autism spectrum from a physician or licensed psychologist:

<b>ICD-9</b>	<b>Diagnosis</b>
299.80	Aspergers
299.0	Autism
299.1	Childhood Disintegrative Disorder
299.9	Pervasive Developmental Disorder (PDD) <i>Note: a child with a diagnosis of Autism Spectrum Disorder should be classified as Pervasive Developmental Disorder</i>
330.8	Rett Syndrome

*Autism Specialty Service:* The Intensive Service Model is for children under age three who are enrolled in an EI program with a diagnosis on the autism spectrum and have high intensity service needs.

*Staff qualifications:* Services would be delivered by individuals meeting the credentialing requirements specified in the DPH Operational Standards and who have knowledge and expertise in treating infants and toddlers with autism spectrum disorder.

*Specialty service types:* Families can receive either a specialty intake service or direct treatment specialty service, which includes a supervision service. Families are allowed to receive an intake service, an initial face-to-face visit, from multiple specialty providers prior to choosing a provider for receipt of direct treatment services. One 2 -hour intake service is allowed per family per specialty agency. Information for all specialty providers should be entered into the child's EIIS record.

*Autism Intake service:* The first face-to-face meeting between the family and an autism specialty provider for the purpose of information gathering. This service occurs for an IFSP child who is eligible for autism specialty services once a referral has been made to a specialty provider. Families are allowed to visit multiple specialty providers prior to choosing a provider for receipt of services. *Note: This service differs from the EI Intake which is the first face-to-face pre-assessment planning visit with the family prior to the determination of EI eligibility.*

## MASSACHUSETTS PAYERS

The rate, maximums and benefits covered for autism specialty services differs by health care provider. The following provides information about specialty service requirements for each of the Massachusetts payers.

### MASSHEALTH

MassHealth, including all MassHealth MCO providers, pays for both intake and direct treatment specialty services. Do not submit claims to the MassHealth MCO; instead, submit these claims directly to MassHealth. Use the following *MassHealth Checklist* to determine if autism specialty services should be billed to MassHealth.

Checklist Items		Bill to MassHealth													
Has one of the following MassHealth products: <ul style="list-style-type: none"><li>• MassHealth Standard</li><li>• MassHealth CommonHealth</li><li>• MassHealth Family Assist Premium</li><li>• MassHealth MCO: BMC HealthNet Plan</li><li>• MassHealth MCO: Fallon</li><li>• MassHealth MCO: Health New England</li><li>• MassHealth MCO: Neighborhood Health</li><li>• MassHealth MCO: Network Health</li></ul>		YES	NO												
Does not participate in the MassHealth DDS Waiver Program		YES	NO												
Diagnosis by a physician or licensed psychologist		YES	NO												
Has one of the following diagnoses: <table><tr><td>ICD-9</td><td>Diagnosis</td></tr><tr><td>• 299.80</td><td>Aspergers</td></tr><tr><td>• 299.0</td><td>Autism</td></tr><tr><td>• 299.1</td><td>Childhood Disintegrative Disorder</td></tr><tr><td>• 299.9</td><td>PDD (including Autism Spectrum Disorder)</td></tr><tr><td>• 330.8</td><td>Rett Syndrome</td></tr></table>		ICD-9	Diagnosis	• 299.80	Aspergers	• 299.0	Autism	• 299.1	Childhood Disintegrative Disorder	• 299.9	PDD (including Autism Spectrum Disorder)	• 330.8	Rett Syndrome	YES	NO
ICD-9	Diagnosis														
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• 299.1	Childhood Disintegrative Disorder														
• 299.9	PDD (including Autism Spectrum Disorder)														
• 330.8	Rett Syndrome														
Receiving specialty services from one of the following providers: <ul style="list-style-type: none"><li>• Beacon Services</li><li>• Building Blocks</li><li>• Children Making Strides</li><li>• HMEA</li><li>• New England Center for Children</li><li>• Lipton Early Assistance Program</li><li>• May Center</li></ul>		YES	NO												

If **ALL** responses are **YES**, submit intensive autism specialty services to MassHealth.

If **ANY** response is **NO**, submit intensive autism specialty services to DPH.

Claims for any MassHealth child that do not match all of the above criteria should be sent directly to DPH. Providers should NOT submit a claim initially to MassHealth in order to get a denial prior to submitting to DPH; claims can be sent directly to DPH.

#### *Other MassHealth Billing Requirements*

- CMS Service Code: H2019
- Service modifier: SE
- Rate: \$15.38 per 15 minutes or \$61.52 per hour
- Maximum hours per day: 6 hours (*Note: cannot exceed a maximum of 3 hours per session*)
- A prior authorization is not needed unless the **maximum** is to be exceeded
- MassHealth will pay for intake services
- Intake service: 2 hours per specialty agency per referral. Submit intake services to MassHealth using the CMS service code and modifier of H2019 -SE. *Note: Families are allowed to visit multiple specialty providers prior to choosing a provider for receipt of services.*

#### *MassHealth Members in MCOs*

If a MassHealth member has coverage through a MassHealth MCO then autism specialty services, unlike traditional EI services, are **not** covered by the MCO and EI providers must submit claims directly to MassHealth.

#### *MassHealth Members with Other Insurance*

If the MassHealth member has private insurance, the EI provider must bill the member's primary insurer before submitting the autism specialty service claim to MassHealth as a secondary payer if the MassHealth product is MassHealth Standard, MassHealth CommonHealth or MassHealth Family Assist. If the MassHealth secondary is any other than these then submit the charge to DPH.

## COMMERCIAL INSURERS

DPH is still under discussion with commercial insurers in Massachusetts regarding autism specialty services. Individual insurers will be making their own decisions regarding what benefits to cover, rates and maximums. Therefore, additional requirements may be forthcoming over the next several months.

All commercial insurers will require a prior authorization before EI providers can bill for services. Once the prior authorization is in place and the commercial insurer denies charges for these services all denials should be submitted to DPH using an appropriate adjustment reason code (see *Code Sheet for Adjustment Reason*, page 92 of the *Early Intervention Service Delivery Reporting Requirements and Reimbursement for Services* document).

### *Commercial Insurer Billing Requirements*

- Prior authorization for services is required
- CMS Service Code: varies by insurer
  - Some insurers will be using CMS procedure codes in addition to the H2019 -SE code.
  - When billing an insurer the H2019 procedure code the SE modifier is required to ensure that the service is processed as the Early Intervention autism specialty service
- Commercial insurers will not pay for intake services.
- Rate: varies by procedure code and insurer (*Note: the rates of both the H2019-SE code and other procedure codes being used may differ from the MassHealth and DPH rate of \$61.52*)
- Maximums: varies by insurer
- Other requirements: varies by insurer
  - *Example: If a child has Tufts and the parent is not present at an autism specialty visit then providers bill the service directly to DPH with a reason code of D09 (autism specialty service: Does not meet insurer requirements/No prior authorization initiated).*

## DEPARTMENT OF PUBLIC HEALTH

### DPH REPORTING AND BILLING REQUIREMENTS FOR AUTISM SPECIALTY SERVICES

#### *DPH Reporting and Billing Codes and Rates*

- Specialty service types (*data field name: SERVICE*):
  - S: autism direct treatment service
  - J: autism specialty intake; initial face-to-face visit with the family for information sharing and gathering
  - K: autism direct treatment supervision service
- CMS service code (*data field name: DMACODE*)
  - Uninsured children: H2019
  - TriCARE children: H2019
  - MassHealth children: H2019
  - Commercially insured children:
    - If billing DPH (*prior to receiving a prior authorization, prior authorization was not approved or denial/transfer record with DPH charges*): H2019
    - If reporting a service (*no DPH charge*) after receipt of the prior authorization: report insurer procedure code

*Note: DPH does not require the reporting of the SE modifier for the H2019 procedure code.*

- Service setting (*data field name: WAIVER*):
  - K01 = specialty service provided in the child's home
  - K02 = specialty service provided in a natural setting outside the child's home (*e.g., child care center, playground, etc.*)
  - K03 = specialty service provided in a non-community setting (*e.g., EI site, specialty provider site*)
- Professional Discipline (*data field name: PROFDISC*): AS (*autism specialty service provider*). *Note: the **provisional** certification form for these clinicians will always state SS.*
- Autism Specialty provider (*data field name: Insamt*):
  - 102 (Beacon Services)
  - 103 (Building Blocks-NE Arc)
  - 105 (Children Making Strides)
  - 106 (HMEA)
  - 107 (LEAP)
  - 101 (May Center)
  - 109 (New England Center for Children)
  - 112 (Pediatric Development Center)
  - 110 (REACH-ServiceNet)
  - 888 (Other) (*Must be approved by DPH*)

*Note: All transaction types (Sdform is B, C, D or E) should provide an Insamt value for J, K and S services.*

- Rate:
  - Uninsured children: \$15.38 per 15 minutes or \$61.52 per hour
  - TriCARE children: \$15.38 per 15 minutes or \$61.52 per hour
  - MassHealth children: \$15.38 per 15 minutes or \$61.52 per hour
  - Commercially insured children:
    - Billing DPH prior to receiving a prior authorization: \$15.38 per 15 minutes or \$61.52 per hour
    - Billing DPH if prior authorization was not approved: \$15.38 per 15 minutes or \$61.52 per hour
    - If reporting service after receipt of the prior authorization: report insurer rate

### *Other DPH Billing Requirements*

- Autism Intake service: 2 hours per specialty agency per referral (*Note: MassHealth will pay for intake services. Commercial insurers will not pay for intake services.*)
- Maximum length of service: 3 hours/session
- Maximum hours per week: 30 hours
- Two or more specialty disciplines can provide an SSP service on the same day without the need for a waiver.
- Do NOT bundle services when reporting to DPH
- Commercially insured children:
  - Original transaction: Report all original autism services that were billed to an insurer using the insurer CMS code and rate.
  - Full denial transfer from insurer: Report all transfer transactions with insurer denial information using the insurer CMS code and rate.
  - Full transfer of charges to DPH: Report all transfer transactions having a DPH charge using the insurer CMS code at the DPH rate of \$61.52.
  - Partial transfer to DPH: Report all contractual adjustments or partial denials to DPH.

### *DPH Reason Code Requirements*

- 1) The following reason codes should be used when direct billing to DPH (*a code of “B” or “C” under the sdform data field is used for direct billing to DPH; also known as an original or initial record*).
  - **D05 (uninsured)** should be used for children receiving specialty services who do not have insurance. Children with MassHealth who may not be eligible at the time of service are considered MassHealth recipients and should not be designated as uninsured.
  - **D11 (autism contract has not yet been established)** is a **temporary** reason code to be used for commercially insured children where the contract with the insurer for autism services has not been authorized or established. DPH will notify providers when this reason code will be discontinued. *Note: some insurers will pay for autism specialty services without a contract in place.*
  - **D07 (authorization is in progress)** should be used for commercially insured children whose autism specialty services were provided prior to the clinical approval consent (*including children who have MassHealth as a secondary insurer*).
  - **D08 (authorization was denied)** should be used for commercially insured children whose clinical approval was not approved by the insurer (*including children who have MassHealth as a secondary insurer*).
  - **D09 (autism specialty service does not meet insurer requirements/No prior authorization initiated)** should be used for the following:
    - MassHealth children who do not meet the MassHealth requirements for specialty service billing.
    - Commercially insured children for the following services:
      - Intake services (*these services do not meet insurer requirements*)
      - Services provided by a non-ABA specialty provider (*these services do not meet insurer requirements*)

- TriCARE or self-funded insurers where EI and autism specialty services are not covered (*a prior authorization would not be initiated for services*)
  - Specific insurer requirements that may not be met (*Note: DPH expects that specialty providers adhere to insurer requirements; however, if the service is clinically appropriate but does not meet the insurer requirements then the service should be billed directly to DPH.*) These requirements will vary by insurer.
    - *Example: If a child has Tufts and the parent is not present at an autism specialty visit then providers bill the service directly to DPH with a reason code of D09.*
  - 096 (*non-covered benefit or charge*) can be used **temporarily** instead of D09 to bill DPH directly for autism specialty services. DPH would like to differentiate between autism specialty services initially billed to a payer and then denied (096) from those that are not billed to another payer (D09) due to the above described situations. DPH will notify providers when this reason code will be discontinued for autism specialty services billed directly to DPH.
- 2) The following reason code should be used when the insurer pays in full at a rate that is lower than \$61.52 (*a code of “E” under the sdform data field is used for partial payment requests*).
- D10 (*contractual adjustment*): The contractual adjustment amount should be the difference between the insurer and DPH rate.
- 3) Reason codes for billing DPH after an insurer denial (*a code of “D” or “E” under the sdform data field is used for full unit or partial denials*):
- Denials from an insurer should be submitted to DPH using an appropriate adjustment reason code. Do not use the D08 or D09 reason code after a denial (for appropriate adjustment reason codes see *Code Sheet for Adjustment Reason*, page 92 of the *Early Intervention Service Delivery Reporting Requirements and Reimbursement for Services* document).

## DPH WEB SITE AND BUSINESS RULES/REMITTED ERROR CODES

### *TVP Web Site*

The TVP web site ensures accuracy of specialty service data based on *DPH Billing Codes* and *Other DPH Billing Requirements/Information* found above. Unfortunately reports on this web site will not include totals for the new service codes of I, S, J and K. DPH is in the process of updating the web site which is scheduled to occur sometime later this year. Some of the new TVP web site business rules include the following:

- DPH charge for a non-ABA provider: acceptable reason code is D09.
- DPH charge for a MassHealth child who does not meet one or more of the MassHealth Checklist criteria: acceptable reason code for original transaction is D09.
- DPH charge for a commercially-insured child: acceptable reason codes for original transactions are D07, D08, D09 or D11.

### *DPH Business Rules/Error Codes*

The additional following business rules will be applied to autism specialty services having a service date on or after July 1, 2012 as part of the Department's payment voucher processing:

<i>Error Code</i>	<i>Business Rule Description</i>	<i>Status</i>
2N	Autism service: Excessive contractual obligation amount (total exceeds \$61.52)	Reject
6S	Missing EIIS autism data	Suspend
6T	EIIS SSP referral date is missing or comes after service delivery date	Suspend
S2	Autism intake can only be billed once per child enrollment per SSP	Reject
S3	Autism intake service exceeds 2.0 hours per session	Reject
S4	Autism service exceeds 3.0 hours per session	Reject
S5	Autism services exceed maximum of 30 hours per week	Reject
S6	Autism service: child meets MassHealth requirements for payment	Denied
S7	Autism service: Commercial insurer for child with a PA	Pended

*Note: The 5B, 5K and 5P business rules at DPH will not be implemented for autism services received as of December 10, 2012. However, autism specialty services will go through all other appropriate business rules at DPH prior to payment.*



## DPH CLAIM STATUS OUTCOMES FOR AUTISM SPECIALTY SERVICES

### *DPH Suspend*

Autism specialty services are matched to EIIS Client data. If the EIIS Autism form has not been entered into EIIS then all autism specialty services for the child will suspend. The EI program must enter this information into EIIS in order to receive payment. Additionally, if the autism specialty provider in EIIS does not match the specialty provider in the service delivery record or if the EIIS specialty provider Date of Referral comes after the service date the service will suspend until a correction is made.

### *DPH Pended*

- Denied autism specialty charges by an insurer for children having a prior approval, including children having MassHealth as a secondary insurer, will get pended. DPH expects that the insurer pay for all autism specialty services after a prior authorization is approved and, therefore, additional support documentation is needed to justify DPH payment. However, pends for denials from insurers will not be implemented until after December 2012.
- Original transactions for MassHealth Family Assist autism specialty services will end up being pended by DPH. DPH expects the program to bill Family Assist and will only pay charges that are submitted as denials (*the exceptions to this are for LMHC diagnosed children and children in the DDS Waiver program*).
- *Autism Specialty Services received after December 10, 2012:* DPH expects that all autism specialty services be paid by the insurer once the prior authorization has been approved. Any services submitted after this approval is in place will be pended awaiting further support documentation to justify DPH payment.

### *DPH Denied*

- Charges billed to DPH for a MassHealth child who meets all MassHealth requirements will be denied by DPH. A denied claim will be remitted with a claim and line status of “Denied”. Further documentation is NOT expected to be sent from the EI program. The service will not get paid and will have an error code of S6 (*child meets MassHealth requirements for payment of autism service*).

### *DPH Reject*

- Excessive autism specialty service hours per session or week will get rejected.
- Excessive contractual obligation amounts, charge requests where the total payment from the commercial insurer added to the DPH contractual obligation requested amount exceeds \$61.52, will get rejected with an error code of 2N (*Excessive contractual obligation amount*).

## DPH PAYMENTS FOR AUTISM SPECIALTY SERVICES

The following are the autism specialty services that will be paid by DPH.

### Uninsured and Insured Children Paid by DPH

DPH will pay for all autism specialty services for the following children:

- Children who are uninsured (*children with MassHealth who may not be eligible at the time of service are considered MassHealth recipients and should not be designated as uninsured* )  
(Reason code: D05)
- Children insured by TriCARE (Reason code: D09)
- Children insured by federal plans (Reason code: D09)

### Services provided by non-ABA providers

MassHealth and commercial insurers will not pay for non -ABA services. Therefore, these services should be submitted directly to DPH using a reason code of D09. Currently the following two autism specialty providers are non-ABA providers:

- Pediatric Development Center (PDC)
- ServiceNet

### Children who Received an ASD Diagnosis by an LMHC

MassHealth and commercial insurers will only pay for autism specialty services if the child was diagnosed by a physician or licensed psychologist. Prior to March 2012 children may have been diagnosed by a LMHC. There are 17 children currently receiving autism specialty services who were diagnosed by an LMHC. Specialty data that will be migrated to EIIS will identify these children so that services are processed accurately. DPH has reported to EI programs who these children are and these EI programs should make sure that all autism specialty services for these children are billed directly to DPH and not to the child's insurer. A reason code of D09 should be used for all autism specialty services for these children.

### MassHealth Children – Autism Specialty Services to be sent to DPH

The following additional services for MassHealth children will be paid by DPH.

#### *Checklist Requirements Not Met*

DPH will pay for all specialty services for MassHealth children who do not meet the MassHealth criteria on its Checklist. EI programs should submit these services to DPH using a reason code of D09. The following children will not meet the requirements on the MassHealth checklist:

- Children receiving MassHealth benefits under one of the following MassHealth products:
  - MassHealth: CMSP
  - MassHealth: Basic
  - MassHealth: HSN
  - MassHealth: HSN-Partial
  - MassHealth: Essential
  - MassHealth: CommCare
- MassHealth children who participate in the MassHealth DDS Waiver Program

**IMPORTANT:** Do not submit an initial claim for specialty services to MassHealth in order to receive a denial prior to submission to DPH; instead submit the claim directly to DPH using a reason code of D09.

### ***MassHealth as Secondary Insurer***

If MassHealth is the secondary insurer then MassHealth will not pay for services without an appropriate denial from the primary insurer. Therefore, if an EI program is not billing the commercial insurer for certain services (*i.e., autism specialty intake*) then these services should be billed directly to DPH using a reason code of D09. The following services are not billable to the primary insurer and therefore not billable to MassHealth and should be billed to DPH for children having MassHealth as a secondary insurer:

- Intake service
- No Prior Authorization
- Prior Authorization is not approved
- Service does not meet primary insurer requirements.

### ***MassHealth Family Assist Premium***

Autism specialty services for MassHealth Family Assist Premium children are payable by MassHealth. However, an EI provider may not know if the Family Assist product is the Premium plan until after billing MassHealth. Therefore, it is expected that if a child is covered under Family Assist that the EI program bill MassHealth for autism specialty services. This should occur when Family Assist is the primary or secondary insurer. DPH will pay autism specialty service charges for denials from Family Assist. When submitting a denial for these children you must use the appropriate adjustment reason codes (see *Code Sheet for Adjustment Reason*, page 92 of the *Early Intervention Service Delivery Reporting Requirements and Reimbursement for Services* document). However, DPH will pay autism specialty services when billed directly to DPH (*original charges*) for Family Assist clients when the client does not meet the MassHealth requirements (*use a reason code of D09*).

### ***MassHealth Denials or Transfers***

- DPH will pay a charge from MassHealth Family Assistance if the charge is submitted to DPH as a denial or transfer. The EI program should use an appropriate denial code (see *Code Sheet for Adjustment Reason*, page 92 of the *Early Intervention Service Delivery Reporting Requirements and Reimbursement for Services* document).
- If a MassHealth child who meets all MH requirements receives more than 6 hours of autism specialty services on one day it is expected that all services be billed to MH. Denials for excessive services (*more than 6 hours*) from MH should then be billed to DPH using an appropriate denial code.

## **Commercially-Insured Children – Autism Specialty Services to be sent to DPH**

The following additional autism specialty service transactions will be paid by DPH for children who have a commercial insurer.

### ***Autism Intake service***

Submit all autism intake services for children having a commercial insurance, including where MassHealth is the secondary insurer, directly to DPH using a reason code of D09.

### ***Autism specialty services provided while prior authorization is in progress***

Autism specialty services that occur prior to the receipt of the prior authorization and verification of autism as a covered service should be sent directly to DPH using a reason code of D07 (*authorization is in progress*).

- DPH expects that all EI providers will make good faith efforts to work with insurers to get the prior authorization. Once the prior authorization is in place it is expected that providers will begin billing the insurer.
- EI programs should have a process in place to acquire the prior authorization. There should be collaboration between the EI program and specialty provider staff to ensure that a process has been clearly worked out for the writing, submission and communication of the prior authorization and resultant outcome. Since EI programs will be able to bill DPH before this approval is in place it is important that EI billing staff be informed of the approval outcome and re-direct all billing to the insurance company if approval has been received.

### ***A Prior Authorization was not Approved by the Insurer***

If the insurer denies a prior authorization then bill all autism specialty services to DPH using a reason code of D08 (*authorization was denied*).

### ***Autism Specialty Service Does not Met Insurer Requirements***

If for some reason the autism specialty service does not meet the insurer's requirements (*e.g., no allowable procedure code for the service due to specialty service provider*) then do not submit the service to the insurer. Instead, submit the service and charges to DPH as an original transaction with a reason code of D09 (*autism specialty service*) or 096 (*non-covered benefit or charge*). As of January 2013, these services will get pended at DPH awaiting further documentation from the EI program. DPH expects that all autism specialty services rendered after a prior authorization approval be paid by the insurer. Therefore, support documentation will be needed to justify DPH payment.

### ***Commercial Insurer Denials or Transfers***

- Once autism specialty services are billed to an insurer after a prior authorization has been given, any denials from the insurer should be submitted to DPH using an appropriate denial code (see *Code Sheet for Adjustment Reason*, page 92 of the *Early Intervention Service Delivery Reporting Requirements and Reimbursement for Services* document).
- Denials will not be pended by DPH for autism specialty services reported through December 10, 2012. The DPH business rules of 5B, 5K, 5P and S7 will be waived through this time period for autism specialty services.
- Other system DPH business rules (*e.g., 6A*) will remain in place.
- The newly implemented autism specialty service business rules (*6G, 6H and S1 to S6*) will be processed for all autism specialty services.

Although DPH will not pend denials from an insurer over the next few months it is expected that programs follow-up with insurers to make certain that these services are being paid by the appropriate payer.

### ***Contractual Obligation Amounts***

If the rate for an autism specialty service is less than \$61.52 then DPH will reimburse the EI program the difference between the insurer rate and the DPH rate. The CMS code and rate billed to the commercial insurer should be reported to DPH. This is new for DPH and will provide DPH with data needed to provide contractual adjustment payments. For example, if the CMS Code billed to the insurer had a rate of \$48.52 then the program should submit a partial charge adjustment transaction (*sdform data field code is "E"*) to DPH for the amount of \$13.00 using a reason code of D10 (*contractual adjustment*).

*Note: the DPH TVP web site will not limit what the CMS code or rate should be for autism specialty services (DPH service codes of J, K and S).*

## **DPH Contact Information**

If you have any questions or concerns regarding any of the information or guidance within this letter then please contact Jean Shimer at (617) 624-5526 or [jean.shimer@state.ma.us](mailto:jean.shimer@state.ma.us). If you have any questions regarding insurance issues for autism specialty services please contact Steve McCourt (617) 624-5954.